

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019640

1. Entity Name

SPORTSMANIA NETWORK, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90020 036 \*\*\*150.00

Principal Place of Business

Mailing Address

1111 BRICKELL BAY DRIVE  
SUITE 512  
MIAMI FL 33131

1111 BRICKELL BAY DRIVE  
SUITE 512  
MIAMI FL 33131-2954

642188



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2780 S. DOUGLAS ROAD

2780 S. DOUGLAS RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 205

SUITE 205

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33133

USA

33133

USA

4. FEI Number

Applied For

65-0908972

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAG  
2100 SALZEDO STREET  
SUITE 300  
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME **PRESIDENT**  
**BERNARD VASSAS**  
STREET ADDRESS **4906 SW 67 AVE M6**  
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME **VICE PRESIDENT / SECRETARY**  
**LOIC GOSSELIN**  
STREET ADDRESS **PRACA MAHATMA GANDHI 211302**  
CITY-ST-ZIP **CENTRO RIO DE JANEIRO RJ 20031-100**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME **STEVE DAWSON TREASURER**  
STREET ADDRESS **7555 SW 82 AVENUE**  
CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**BERNARD VASSAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00

Date

305 443 1144

Daytime Phone #

CR02EN24 10/00